

VETERINARY CERTIFICATE OF EXAMINATION

To be completed by the Insured:

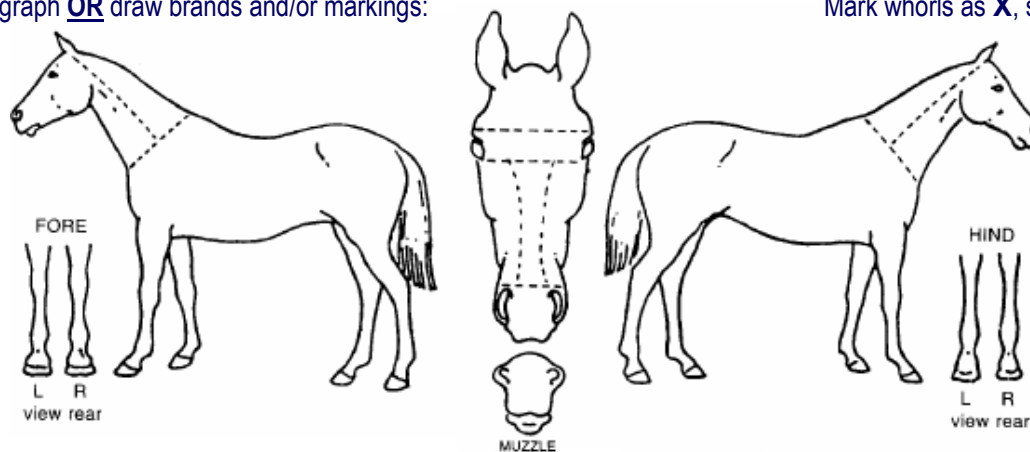
Insured's Name:		Policy Number:	
Name of Horse:		The horse is: <input type="checkbox"/> Spelling <input type="checkbox"/> In light work <input type="checkbox"/> In full work	
Colour:	Breed:	<input type="checkbox"/> Filly / Mare <input type="checkbox"/> Colt / Stallion <input type="checkbox"/> Gelding	Height:
Microchip Number:		Date of Birth:	
If the use of the horse has changed, or intends to change during the next 12 months, please indicate below: <input type="checkbox"/> Dressage <input type="checkbox"/> Jumping <input type="checkbox"/> Eventing <input type="checkbox"/> Showing <input type="checkbox"/> Campdrafting <input type="checkbox"/> Reining <input type="checkbox"/> Barrel Racing <input type="checkbox"/> Pleasure <input type="checkbox"/> Polo / Crosse <input type="checkbox"/> Pony / Riding Club <input type="checkbox"/> Other: _____			

Clients please note:

- This certificate is to be returned to A.I.S. Insurance Brokers **no later than 14 days** after the examination date.
- No Insurance is in force until this Veterinary Certificate has been accepted by the underwriter.
- Veterinary Certificates will be required annually, at your cost, in the following instances:
 - the horse is 12 years of age or over when cover commences
 - foals under 6 months of age
 - the horse is insured for more than \$20,000
 - the horse is to be used for Show Jumping / Eventing / Polo / Polocrosse / Endurance
 - Loss of Use (Restricted, Breeding and/or Cosmetic) is required*
- *Where the **Restricted Loss of Use** extension is required, this Veterinary Certificate must include **hoof & flexion tests** on all four legs.
- We do not require original copies of your documentation. You may return via email, fax or mail.
- Please highlight to your Veterinarian any Optional Extensions you require on Page 2, if applicable. If Loss of Use is required and these sections are not completed, cover will not be granted.

Attach photograph OR draw brands and/or markings:

Mark whorls as **X**, scars as as ➡



To be completed by the Veterinarian:

<p>Veterinarians please note:</p> <ul style="list-style-type: none"> ➤ Please ensure you complete the Mandatory Questions and any Optional Extensions selected by the client. ➤ It is required that in every case the animal:- <ul style="list-style-type: none"> ▪ Should be examined outside the stall and made to move about, to demonstrate soundness of limb and freedom of action. ▪ Should be clinically examined with a view to the purpose for which it is used. ▪ That careful observation and enquiry should be made as to housing conditions and presence of contagious diseases. 	
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Please confirm the identification of the horse you have examined complies with the specifications noted above: Yes No
 If no, give full details:

Place of examination:

Does your practice normally attend this property? Never Occasionally Regularly
 Has your practice previously attended this horse? Never Occasionally Regularly



MANDATORY QUESTIONS

MORTALITY INSURANCE EXAMINATION

Pulse normal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heart auscultated and found normal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Respiration normal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any indication of infection or disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Vice/s?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any physical evidence of laminitis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Temperature normal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the horse lame at the walk or trot?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Eyes clinically normal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there evidence of ataxia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Skin conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there any evidence/knowledge of previous abdominal surgery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hooves in good condition/maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Details: _____

OPTIONAL EXTENSIONS

RESTRICTED LOSS OF USE EXAMINATION

Hoof Tests: LF _____ RF _____ LH _____ RH _____
 Flexion Tests: LF _____ RF _____ LH _____ RH _____
 Details: _____

BREEDING LOSS OF USE EXAMINATION FOR STALLIONS / COLTS

Are the both testes visible and palpable? Yes No
 Details: _____

COSMETIC LOSS OF USE EXAMINATION

Scars	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Splints	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Windgalls	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes to any of the above, please note on the diagram on page 1.

Please give your opinion below as to the significance of any abnormalities mentioned above (add additional sheets if needed):

I have today performed a clinical examination on this horse in accordance with Industry and Professional Standards and declare that, to the best of my professional knowledge, the horse is clinically normal and in a satisfactory condition, except where noted.

Signature:	Date:
Name:	Contact Number:
Practice Stamp/Address:	AVA Number:
	VPB Number: